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Chapter 7

Policy Number: 7-1
Breastfeeding Promotion and Support
Effective/Revised Date: August 15, 2006

Title: Breastfeeding Promotion and Support

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

US Federal Regulations: 7 CFR 246.11. (b)(7)(1-iv)

Policy

I. All Local WIC Programs will promote and support breastfeeding as the optimal way to feed an infant. Valid and consistent breastfeeding information will be made available to all women on WIC. Local WIC agency staff shall encourage every pregnant woman to breastfeed her infant unless there are special health reasons that contraindicate breastfeeding.

A. Prenatal Goal: Prenatal women in WIC will receive valid and consistent breastfeeding education so that they will be able to make a sound decision regarding their choice of infant feeding. Accomplishment Date: Prior to delivery.

1. **Objective #1:**

   All prenatal women determined eligible for WIC will be given the opportunity to learn about the benefits of breastfeeding for her and her baby.

2. **Objective #2:**

   Women desiring more information at subsequent visits will be provided with appropriate education, resources and/or referral.

B. In-Hospital Goal: Valid and consistent breastfeeding information will be provided to the hospital so that the woman who chooses to breastfeed her infant will be supported in her decision. Accomplishment Date: On-going.

1. **Objective #1:**

   The Breastfeeding Coordinator (BFC) of the local WIC program will take a leadership role in establishing a working relationship with the local hospital, specifically, the nursery staff, and with the local pediatricians, family physicians and obstetricians so that they are aware of the WIC breastfeeding promotion and support initiative.

2. **Objective #2:**

   If this linkage is already established and working, the BFC will continue to facilitate the necessary changes by education of the breastfeeding mother and by collaboration with the physicians and other health professionals.

C. Postpartum Goal: Valid and consistent breastfeeding information will be made available to all women on WIC. Accomplishment Date: On-going.

1. **Objective #1:**

   The BFC of the local WIC program will take a leadership role in establishing a working relationship with the local hospital and other health professionals to exchange current breastfeeding information so that valid and consistent knowledge is maintained.

2. **Objective #2:**

   Women who initiate breastfeeding will receive follow-up on answers to questions and concerns.

II. The State WIC Program will promote and support breastfeeding as the optimal way to feed an infant through statewide activities.

A. State staff roles in promoting and supporting breastfeeding:

1. State WIC Director
   a. Articulate a vision of breastfeeding in Montana WIC to all staff and contractors;
   b. Empower staff through training, policies and procedures that support the vision; and
   c. Allocate funding and resources for breastfeeding promotion and support.
2. State WIC Breastfeeding Coordinator
   a. Coordinate Montana breastfeeding efforts;
   b. Provide breastfeeding training, technical assistance, consultation and support;
   c. Identify breastfeeding promotion methods for local programs;
   d. Develop Montana breastfeeding standards;
   e. Monitor Montana breastfeeding rates and local program activities;
   f. Evaluate Montana breastfeeding activities; and
   g. Coordinate with other state-level program/entities for breastfeeding promotion and support.
3. Other State Staff
   a. Provide breastfeeding promotion and support related to their WIC duties; and
   b. Support a breastfeeding-friendly workplace.

B. Statewide Promotion Goal: Valid and consistent breastfeeding information for the general public and promotion of breastfeeding as the norm in infant feeding.

1. **Objective # 1:**

   The State Breastfeeding Coordinator will participate in establishment and on-going activities of the Montana Statewide Breastfeeding Coalition.

2. **Objective # 2:**

Encourage the participant of the BFC of the local WIC program in components of the Montana Statewide Breastfeeding Coalition.

C. Statewide Support Goal: Peer-to-Peer counseling providing valid and consistent breastfeeding information to WIC mothers. Accomplishment Date: 2007 local program. Focus on smaller local program that have few breastfeeding support resources in their area and at least one reservation program. Accomplishment Date: Ongoing

1. **Objective 1#:**

   Expand the Peer Breastfeeding Counselor Projects to include five local programs. Focus on smaller local programs that have few breastfeeding support resources in their area and at least one reservation program. Maintain the five local programs. Seek additional funds when available.

2. **Objective 2#:**

   Review breast pump usage in the state and interview programs who are not utilizing the service for information on potential changes. Investigate the participant in the WSCA breast pump sole source contract.

Guidelines

I. Worldwide, Health Authorities

Worldwide, health authorities agree that breastfeeding promotion should be a priority for health programs involving women and infants. The American Academy of Pediatrics (AAP), American Dietetic Association (ADA), the World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and many others, strongly support breastfeeding and have taken many steps toward its promotion.

II. American Dietetic Association

A. American Dietetic Association - Abstract from The Journal of the American Dietetic Association 2001;101:1213):

1. It is the position of the American Dietetic Association (ADA) that broad based efforts are needed to break the barriers to breastfeeding initiation and duration. Exclusive breastfeeding for 6 months and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants.
2. Increases in initiation and duration are needed to realize the health, nutritional, immunological, psychological, economical, and environmental benefits of breastfeeding.
3. Breastfeeding initiation rates have increased, but cultural barriers to breastfeeding, especially against breastfeeding for 6 months and longer, still exist. Gaps in rates of breastfeeding based on age, race, and socioeconomic status remain.
4. Children benefit from the biologically unique properties of human milk including protection from illness with resulting economic benefits.

5. Mother's benefits include reduced rates of pre-menopausal breast and ovarian cancers.
6. Appropriate lactation management is a critical component of successful breastfeeding for healthy women.
7. Lactation support and management is even more important in women and children with special needs caused by physical or developmental disability, disease, or limited resources.
8. Dietetics professionals have a responsibility to support breastfeeding through appropriate education and training, advocacy, and legislative action; through collaboration with other professional groups; and through research to eliminate the barriers to breastfeeding.

III. American Academy of Pediatrics

A. American Academy of Pediatrics - Summary of 2005 Recommended Feeding Practices:

1. Pediatricians and other health care professionals should recommend human milk for all infants unless breastfeeding is specifically contraindicated. If a known contraindication to breastfeeding is identified, consider whether the contraindication may be temporary, and if so, advise pumping to maintain milk production. Before advising against breastfeeding or recommending premature weaning, weigh the benefits of breastfeeding against the risks of not receiving human milk.
2. Parents should be provided with complete, current information on the benefits and techniques of breastfeeding.
3. When direct breastfeeding is not possible, expressed human milk should be provided.
4. Education of both parents before and after delivery of the infant is an essential component of successful breastfeeding.
5. Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.
6. Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established, except when pacifier use is for nonnutritive sucking and oral training of premature infants and other special care infants.
7. During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing, or rooting.
8. Crying is a late indicator of hunger.
9. The mother should offer both breasts at each feeding for as long a period as the infant remains at the breast. At each feeding, the first breast offered should be alternated so that both breasts receive equal stimulation and draining.

10. In the early weeks after birth, non-demanding infants should be aroused to feed if 4 hours have elapsed since the beginning of the last feeding.
11. After breastfeeding is well established, the frequency of feeding may decline to approximately 8 times per 24 hours, but the infant may increase the frequency again with growth spurts or when an increase in milk volume is desired.
12. Encouraging the mother to record the time and duration of each breastfeeding, as well as urine and stool output during the early days of breastfeeding in the hospital and the first weeks at home, helps to facilitate breastfeeding evaluation.
13. Weight loss in the infant of greater than 7% from birth weight indicates possible breastfeeding problems and requires intensive evaluation of breastfeeding and possible intervention to correct problems and improve milk production and transfer.
14. Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life and provides continuing protection against diarrhea and respiratory tract infection.
15. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. There is no upper limit to the duration of breastfeeding and no evidence of psychological or developmental harm from breastfeeding into the third year of life or longer.
16. Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.
17. Introduction of complementary feedings before 6 months of age generally does not increase total caloric intake or growth rate and only substitutes foods lacking the protective components of human milk. During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.
18. Infants weaned before 12 months of age should not receive cow's milk but should receive iron-fortified infant formula.
19. All breastfed infants should receive 200 IU of oral vitamin D drops daily beginning during the first 2 months of life and continuing until daily consumption of vitamin D-fortified formula or milk is 500 ml. Human milk contains small amounts of vitamin D, but not enough to prevent rickets. (This is due to the deficiency/inadequacy of the breastfeeding mother’s stores of vitamin D. If her vitamin D stores are more than adequate, her breast milk will contain sufficient quantity of vitamin D for the infant.)Exposure of the skin to sunlight is the usual mechanism for production of vitamin D. However, significant risk of sunburn (short-term) and skin cancer (long-term) attributable to sunlight exposure makes it prudent to counsel against exposure to sunlight. Sunscreen decreases vitamin D production in skin. Supplementary fluoride should not be provided during the first 6 months of life.

20. From 6 months to 3 years of age, the decision whether to provide fluoride supplementation should be made on the basis of the fluoride concentration in the water supply and in other food, fluid sources, and toothpaste.
21. Mother and infant should sleep in proximity to each other to facilitate breastfeeding; (however, sleeping in the same bed is not recommended).
22. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk, if necessary.
23. Mothers of multiple infants can breastfeed. Twins can be breastfed at the same time, one infant at each breast. The mother should alternate the breast each infant uses at each feeding or at least once each day.
24. For triplets, the mother can nurse two infants at one time and give formula to the third. At the next feeding, the formula is given to one of the babies that had been breastfed. All three infants are given a chance to breastfeed.

Procedures

I. Establish LWP breastfeeding policy and procedures. These may include the following:

A. Designing and providing a comfortable area for women to breastfeed;
B. Implementing breastfeeding support/education groups;
C. Sponsoring peer-led parenting groups;
D. Establishing a breast pump program; and/or
E. Participating in the local Healthy Mothers, Healthy Babies Coalition (promote breastfeeding as part of the agenda) and the Statewide Breastfeeding Coalition.

II. Incorporate Task-Appropriate Breastfeeding

A. Each LWP will incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants so all WIC staff performing services for applicants/participants shall:
    1. Have task-appropriate BF knowledge and skills to assess, educate, and make appropriate referrals;
    2. Support the BF goals of the WIC Program;
    3. Maintain a positive attitude and atmosphere for breastfeeding;
    4. Know the breastfeeding policies, both state and local;
    5. Use breastfeeding-friendly language; and
    6. Have a role in promoting and supporting the successful initiation and continuation of BF.
B. LWP staff roles in supporting breastfeeding are:
    1. Local Program Director
        a. Support breastfeeding activities;

b. Maintain a breastfeeding-friendly program and clinic locations;

c. Allocate funding and resources for breastfeeding promotion and support; and

d. When possible, seed BPCP funds or other funds to support breastfeeding activities.

2. Local Breastfeeding Coordinator (See Policy 7-2 for more information)

a. Oversee planning, implementation, and evaluation of breastfeeding activities;

b. Oversee training of all LWP staff on breastfeeding promotion and support;

c. Identify, coordinate and collaborate with community breastfeeding resources;

d. Keep current with the latest breastfeeding information and inform other local agency staff of new recommendations; and

e. Monitor local breastfeeding rates.

3. CPA staff

a. Complete a breastfeeding assessment using VENA principles and techniques;

b. Provide appropriate education/assistance/referrals (see Appendix XX-Counseling Points for the Breastfeeding Mother for developing targeted messages);

c. Provide appropriate food package to mother and infant to encourage breastfeeding with minimal supplementation.

i. Provide education on impact of supplementation on breastfeeding;

ii. Probe for complete information as to the reason of the request for formula and provide appropriate education if necessary;

iii. Explain impact on mother's food package when formula is issued; and

iv. Complete assessment of supplementation needs when formula is requested, so excess formula is not issued.

4. Local Support Staff

a. Make appropriate appointments for breas6tfeeding mothers for support and follow-up; and

b. Make a breastfeeding supportive impression on participants calling or arriving at the clinic.

III. Breastfeeding Promotion

A. LWP staff shall encourage breastfeeding and ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

1. Provide a breastfeeding-friendly WIC clinic to assure participants feel comfortable asking questions about BF and feel comfortable BF their infants in the clinic.

2. Provide information to participants regarding concerns about BF and the availability and eligibility of breast pumps from the WIC Program.
3. Market BF through visual effects (posters and other materials) to promote BF as the optimal and normal way to feed an infant. All materials distributed or visible to participants shall be:
    a. Free of any items with formula product names and/or logos with the exception of the WIC Approved Foods materials;
    b. Free of language that undermines the mother's confidence in her ability to BF;
    c. Positive in presenting BF;
    d. At an appropriate reading level for WIC participants;
    e. Appropriate for the various cultures served; and
    f. Accurate and up-to-date.

B. All formula returned to the WIC clinic will be stored out of sight of participants.

C. Education is the key to promoting breastfeeding.
1. Refer to Appendix XX Counseling Point for the Breastfeeding Mother for targeted messages and counseling points to use with pregnant and breastfeeding participants.
2. Provide early and frequent contacts during pregnancy and the postpartum period to increase breastfeeding success.
3. Provide breastfeeding education that is participant centered, discussing breastfeeding concerns of the participant first; include in each nutrition education contact, culturally relevant to the participant, and provided by culturally competent staff.
4. Concentration on the advantage of breastfeeding is somewhat ineffective. A majority of bottle feeders say that they know breastfeeding is better for the infant's health.
5. Discuss breastfeeding from the mother's point of view, the social and emotional considerations to be more effective.
6. Determine the woman's attitude toward breastfeeding at the pregnancy certification visit and if possible, include discussion of some breastfeeding benefits.
7. Discuss such items as breastfeeding techniques, proper positioning and latch on during the second trimester (or during the third if a woman enters WIC late in her pregnancy) and again after the infant is born.
8. Support participants through the learning process. Breastfeeding is natural, but it is not necessarily instinctive. Understanding more about the breast and the way it works makes it easier to help breastfeeding mothers. Knowing the physiology and anatomy of the breast and the process of breast milk production and lactation will help you to better explain these topics to participants.

9. Clarify misconceptions and concerns as early in pregnancy as possible. Most women will have made their decision on how they will feed their infant by the last trimester, some earlier.
10. Provide one-on-one discussions to allow women to express their concerns and fears about breastfeeding.
11. Use the three-step strategy developed by Best Start Social Marketing, the recommended technique, described below.

The Best Start Three Step Breastfeeding Counseling Strategy
1. Ask open ended-questions to identify her concerns (i.e., “What do you know about breastfeeding?”).
2. Affirm her feelings by assuring her that these feelings are normal.
3. Educate by clarifying how other women like her have dealt with the same concerns.

12. Most women are curious about breastfeeding. Allow women the time to talk about their concerns followed by a sensitive and engaging discussion.
13. Form dialogue in a “mother-centered” or “infant-centered” way depending on the mother’s frame of reference.
14. Recognize and identify cultural issues.
15. Questionnaires can help provide a quick and easy approach to breastfeeding and identify the pregnant woman’s concerns. These are especially useful with women who are reluctant to discuss breastfeeding openly. Following is a Sample Questionnaire*(*adapted from “Breastfeeding – Encouraging the Best for Low Income Women," Lazarov & Evans, 2005, 4 woman.gov).

You can breastfeed in public without being noticed	Agree / Disagree
It is easier to bottle feed than to breastfeed.	Agree / Disagree
Many women are not able to make enough milk.	Agree / Disagree
My boyfriend/husband doesn’t want me to breastfeed.	Agree / Disagree
I’ve heard that breastfeeding hurts.	Agree / Disagree
No one else could feed my baby if I breastfeed.	Agree / Disagree
I would have to eat differently if I breastfeed.	Agree / Disagree
My mother wants me to bottle feed.	Agree / Disagree

IV. Suggested Responses to Breastfeeding Concerns*

A. Lack of Confidence

1. Demonstrate with a doll how to nurse discreetly. Show pictures of women breastfeeding with loose clothing, shawls and blankets.
2. "Most women feel uncomfortable about breast feeding in public and like anything new, it may feel strange. Then you get used to it and it feels normal and even enjoyable".
3. "Most women are able to find a private place when they need one. Some will nurse in their car or the women's restroom. If you want, you can offer your baby a bottle, preferably of your own expressed breast milk, in places where you may feel embarrassed to nurse."
4. "Fortunately, making enough milk does not depend on breast size; did your breast get tender when you first got pregnant? That means your breast were setting up shop and developing the milk glands to make milk. Your body thinks you are going to breastfeed whether you do or not!"

B. Embarrassment

"Most people are afraid when taking on a new challenge – remember how you felt when you first learned how to ride a bike? Breastfeeding is sort of like riding a bike – you may be a little uneasy at first, but before you know it, it's something you don't even have to think about."

C. Loss of Freedom

1. Explore with her what she wants for her baby – to be healthy? To be smart? To be successful? To have good self-esteem? What does she want her relationship with her baby to be like? Help her to see how breastfeeding can help her meet her goals and aspirations for herself as a mother.
2. Explore what she wants for herself—to be healthy? To look good? To feel good about herself? To be successful at something? To be loved and appreciated? Again, help her relate to how breastfeeding can meet her goals and aspiration for herself as a woman.
3. "Many doctors and experts in child development think that a baby whose needs are met, who is given a clear message that he/she is loved, comes to trust the world and believe that he/she is a lovable person. A baby who receives this foundation of love and trust tends to be more secure and comfortable with others."
4. "While pregnant, your baby was nurtured and massaged all day long. Your baby heard your heart beat constantly. After birth, he/she still needs a lot of touching and cuddling to feel secure."
5. "Since babies that are not breastfed are sick more often, breastfed babies can be a lot easier to take care of and people usually are more willing to watch a healthy baby for you than a sick baby."
6. "It's nice to be needed, to have a special job that no one else can do for your baby."

D. Lifestyle Restrictions

1. There are no foods you need to avoid in order to breastfeed. Think about women in Mexico. They eat spicy foods and still breastfeed with no problems!"
2. "It is not good to smoke whether you breastfeed or bottle-feed. Second-hand smoke causes babies to wheeze and have more colds and ear infections, but breastfeeding can help babies who are around smoke from getting sick as often."
3. Women who tend to be tense and hyper can breastfeed just fine. In fact, the hormones your body makes during breastfeeding helps you to relax and feel calmer. It calms your baby also – the quickest way to calm yourself and your baby is to put the baby to the breast!"

E. Lack of Support from Family and Friends

1. Discussing ways for the father to feed and care for the baby and to deal with emotional separation from the mother, envy of the mother's emotional connection with the baby, and feelings of inadequacy from having a limited role in caring for the baby can be very helpful to the father or others in the family circle.
2. "When your mother had you, not many women breastfed and nobody was around to help them. I will be here to help you learn to breastfeed so that there should be no pain. We know a lot more about breastfeeding now than when your mother was born."
3. "Breastfeeding should not be painful, although there may be minor discomforts during the first couple of weeks. If breastfeeding were truly painful, no one would do it!"
4. "There are many ways the baby's father can feel close to the baby other than by feeding him or her. Your baby's father could be the one who bathes the baby, takes the baby for a walk, or puts the baby to bed for the night. He can hold and cuddle the baby and help with diaper changing. Babies need lots of loving! But you need to remind Dad how important he is to you as well!"

F. How Do I Do?

1. Explain/show correct positioning and latch on.
2. Discuss feeding guidelines (adequate intake, frequency of feedings, infant feeding cues), hospital stay, use of infant formula and pacifiers, and what to expect during the first few weeks.
3. Show how to pump and store breast milk (also discuss WIC and local breast pump loan programs).
4. Discuss how to manage breastfeeding during the first weeks after birth.
5. Provide Peer Group Discussions
    a. Group setting of peers with at least one to two women who have breastfed allows expectant mothers to comfortably discuss these issues in front of family and friends.
    b. Personal testimonials can be an effective way to help her see and believe that others like herself share her concerns.

c. Exposure to mothers nursing their babies increases her level of comfort with breastfeeding. When possible, invite a significant other in the woman's life into group or individual discussions. Address the issues that influences of others can have on the breastfeeding mother.

G. Education as the Pregnancy Comes to Term

Provide time to discuss with the mother what to expect in the hospital or birth center. Use the time to further clarify any concerns she may still have and to discuss the benefits of breastfeeding (as well as the risks of not breastfeeding) that may be of particular interest to her based on what you have learned about her and her family.

H. Conduct an Individual Visit (office or phone) within 48 to 72 hours after Discharge from the Hospital.

1. This is an optimal time to observe and assess the mother and baby's mastery with breastfeeding. Praise the mother for her new skills and for the role model she is to her community.
2. Early postpartum is also an important time to revisit the major concerns she identified during her pregnancy, as well as discussing any new concerns. Consider the following questions during the postpartum visit:
   a. Is she comfortable breastfeeding around family members?
   b. Does she need you to help demonstrate how to breastfeed discreetly?
   c. Is she concerned about the baby sleeping through the night?
   d. Does she think formula feeding will help her to get more rest?
   e. Is she sore or engorged? Review ways to prevent soreness (proper latch-on techniques) and engorgement. Discuss manual expression.
   f. Does she plan to return to work or school? If so, when? If a pump will be needed, you may discuss the availability of breast pumps through the WIC program or others in the community, such as Medicaid.

I. Schedule a second visit within the first four to six weeks or make a phone call.

1. If possible, call if you sense a mother is reluctant to continue breastfeeding. Use the Best Start three-step strategy discussed earlier to identify her concerns. If she decides to quit, praise her for the challenge she accepted and help her to see that it made a difference.
2. Discuss working outside the home or returning to school, offering bottles of breast milk or formula, and obtaining and using a pump, if needed. For quality service, follow-up on breast pumps issued with the Montana WIC Breast Pump Survey form.

J. Weaning

The ideal time to start weaning is best decided by the mother and her infant. When a mother asks for information about weaning, first give her the information she wants and then ask her to tell you about her situation, her feelings about weaning, what she thinks weaning will bring about, her child's needs for nursing, and how she plans to wean.

K. Lactation Referrals and Resources

1. Become familiar with sources of trained, skilled and available help in your community such as lactation consultants, if there is not one on staff, hire and train WIC Peer Counselors, and become familiar with other health department staff, La Leche League or local pediatric clinic staff.

2. Make referrals when needed.

V. Working with Local Hospitals

A. Ten Steps to Successful Breastfeeding is a worldwide program by UNICEF/WHO Baby Friendly Hospital Initiative. Hospitals are given the Baby Friendly recognition when they implement the "Ten Steps to Successful Breastfeeding" which provides an excellent way to facilitate change within hospitals. A community task force can help the hospital take small steps toward this international recognition. Focusing on the easiest changes first and the ultimate goal of more mothers' breastfeeding and breastfeeding exclusively, rather than the more controversial aspects of the program, will make the path toward change smoother.

1. Establish a good working relationship with community hospitals and birthing centers as they play a critical role in breastfeeding initiation and duration.

2. Provide the nursery with an introduction to the WIC breastfeeding promotion and support initiative and with copies of the local plan, including some hand-out materials.

3. Share the following with a hospital's birthing staff as well as with the mother to be:

   RECOMMENDED BREASTFEEDING PRACTICES FOR HOSPITALS AND BIRTH CENTERS (Adapted from Policy Statement of the American Academy of Pediatrics – Breastfeeding and the Use of Human Milk, 1997)

   a. Begin breastfeeding as soon as possible after birth.

   b. Keep the newborn with the mother throughout the recovery period.

   c. Avoid procedures that interfere with breastfeeding, such as bathing and weighing, except under special medically needed circumstances.

   d. Practice continuous rooming-in. Separation for naps or hospital procedures should be for periods of no longer than an hour.

   e. Nurse newborns whenever they show signs of hunger, such as increased alertness, mouthing, or rooting.

   f. Crying is a LATE indicator of hunger.

   g. Newborns should be fed 8 to 12 times in 24 hours and should be aroused to feed if 4 hours have lapsed since the last feeding.

   h. Conduct a formal evaluation of breastfeeding by a trained observer (lactation counselor or consultant) during the first 24 to 48 hours after delivery.

   i. Give no supplements – water, glucose (sugar) water, formulas or pacifiers. There are a few medical indications for the need for supplements, but these

situations are very uncommon as long as the other recommended procedures are followed. Mothers insistent upon the use of pacifiers should be encouraged to avoid them until after breastfeeding is well established.

Policy Number: 7-2
Local Programs Breastfeeding Coordinator
Effective/Revised Date: August 1, 2003

Title: Local Program Breastfeeding Coordinator

Purpose

To ensure that each local agency (LA) employ or contract with adequate staff to ensure participants receive high-quality nutrition services while maintaining the required staff to participant ratio of 300:1 (300 participants to 1 full time equivalent (FTE).

Authority

7 CFR part 246.7

Policy

Each Local WIC Program (LWP) shall designate a staff person as Breastfeeding Coordinator (BFC) to coordinate breastfeeding promotion and support activities.

Guidelines

I. BFC Qualifications

A. Must meet the qualifications for CPA;

B. Must have breastfeeding training and knowledge by way of one of the following:

1. One year of experience in counseling women about how to breastfeed successfully; and have State-approved training in lactation management; or
2. Be a Certified Lactation Consultant (CLC) as granted by the Center for Breastfeeding Education, or have attended comparable training in lactation management; or
3. Hold credentials of International Board Certified Lactation Consultant (IBCLC) as granted by the International Board of Lactation Consultant Examiners (an IBCLC can provide specialized BF support and clinical lactation management).

C. Must complete the Breastfeeding Promotion and Support Competency Based Training (CBT) module within one month of assuming the position.

D. Must document initial and on-going BF or lactation training, which shall be maintained at the LWP for review.

II. Roles and Responsibilities of the BFC

A. Oversee the planning, implementation, and evaluation of breastfeeding promotion and support activities;

B. Oversee training of all LWP staff on breastfeeding promotion and support

1. Incorporate task-appropriate BF promotion and support training into new staff orientation for staff involved in direct contact with WIC participants;
2. Train all staff to understand their role in promoting breastfeeding, regardless of their personal feelings about breastfeeding; and

3. Teach assembly, use and cleaning of breast pumps and expression and storage of human milk to WIC staff (unless another individual has been designated as the LA Pump Program Coordinator. Refer to Policy 7-3, Manual and Single-User Electric Breast Pumps.

C. Identify, coordinate, and collaborate with community breastfeeding resources.

D. Keep current with the latest breastfeeding information and inform other local agency staff of new recommendations.

III. The LWP shall submit the name of the BFC to the State WIC Office

The BFC is the State WIC Office's primary contact for BF-related correspondence.

IV. LWP's shall have a designated BFC at all times

A. If the designated BFC will be out for an extended leave, an interim BFC shall be appointed.

B. If through staff replacement the minimum requirements for a BFC are not met, an individual will be identified for training and such training will rank as high priority.

Policy Number: 7-3
Manual & Single-User Electric Breast Pumps
Effective/Revised Date: July 1, 2003

Title: Manual and Single-User Breast Pumps

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

7 CFR 246.11

MPSF-1: WC-95-37-P, "Providing Breast Pumps to WIC Participants"

Policy

All Local WIC Programs may provide manual and single-user electric breast pumps to breastfeeding WIC participants when needed to manage breastfeeding. Each local agency issuing breast pumps must designate a staff person who is responsible for overseeing the local agency's breast pump program.

Procedures

I. WIC state agencies are authorized to use funds, food, and/or administrative funds to purchase aids that directly support the initiation and continuation of breastfeeding.

II. The Local Agency Breast Pump Program Coordinator (BPPC) would generally be the Local Agency BFC.

A. The BPPC is responsible for breast pump inventory and record maintenance. Breast pumps must be stored in a secure area, which can be locked when staff is not present.

1. Document all pumps issued in pump logs.
2. A separate pump log shall be kept for manual pumps, single-user electric breast pumps and multi-user electric pumps (see Policy 7-4, Multi-User Breast Pumps Issuance).
3. A breast pump inventory report is to be completed quarterly and submitted to the State Breastfeeding Coordinator. The report also includes the quarterly order for various breast pumps in stock.
4. All local agency staff issuing breast pumps must successfully complete training on breast pump assembly, use and cleaning and on expression and storage of human milk prior to pump issuance.
5. A record of this training must be kept at the local agency and submitted to the State Breastfeeding Coordinator when new staff has been trained.

B. Eligibility for issuance of a manual or a single-use electric breast pump shall be determined by a CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator. The reason for breast pump issuance shall be documented in the participant record.

1. Manual pumps are available for breastfeeding participants in the following circumstances:

   a. Mothers who need help in resolving short-term breastfeeding concerns such as having engorgement, flat or inverted nipples, oversupply, a sleepy baby, or a plugged duct; or

   b. Mothers with other reasons as determined by the CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator.

2. Single-user electric pumps are available for breastfeeding participants who need help in maintaining their milk supply in the following circumstances:

   a. Mothers separated from their babies regularly such as with full-time or close to full-time return to work or school, infant/mother hospitalization or sharing custody of an infant;

   b. Mothers of infants with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;

   c. Mothers of multiple infants;

   d. Mothers of infants with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast; or

   e. Mothers with other reasons as determined by the CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator.

3. Multi user electric breast pumps are available for loan to breastfeeding participants under certain circumstances. See Policy 7-4, Multi-User Breast Pump Issuance for more information. A participant returning a multi-user electric breast pump may be issued a manual or single-user electric breast pump if the circumstances for issuance are met.

C. Pump Issuance: Manual and single-user electric breast pumps may be issued to eligible breastfeeding participants under the following conditions:

1. Breast pumps are provided at no charge to the WIC participant.

2. WIC Procedure for Issuing a Manual or Single-user Electric Breast Pump is followed.

3. WIC staff conducting breast pump training and distributing pumps shall have previously completed required training on breast pump issuance procedures and use of pumps.

III. Procedure for Pump Issuance

A. Follow these steps when issuing a manual or single-user electric breast pump to a breastfeeding WIC participant.

B. Determine if a manual breast pump or a single-user electric breast pump will best meet her needs. If a single-user electric breast pump is most appropriate, but one is not available, a manual breast pump may be issued.

C. Discuss pumping techniques and discuss all aspects of handling expressed breast milk including: methods of pumping, storage times and temperatures (freezing and refrigeration), and proper thawing and warming techniques, when to pump, how often to pump, how long to pump, and how to stimulate let-down. Advise mothers that they will not be able to express as much as the infant would be able to suckle. One quarter of an ounce at the first attempt may be a reasonable expectation.

   1. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump.
   2. Have the participant demonstrate assembly of the pump and review how to use and clean the breast pump.
   3. Provide written instructions on safe handling of expressed breast milk.
   4. Have the participant read and sign the "Montana WIC Program Breast Pump Release Form". See Attachment O.
   5. Provide a phone number to call for help or support.

D. Provide encouragement. Recommend for all mothers:

   1. Get adequate rest
   2. Eat regular meals and snacks
   3. Drink plenty of fluids
   4. Spend as much time with infant as possible
   5. Reduce stress as much as possible

E. Schedule a follow-up visit.

   1. Call within 24 hours and weekly thereafter to discuss pumping needs.
   2. Chart the reason for pump issuance and education provided in the participant record.
   3. Complete the appropriate pump log. See Attachment Q for Single-User Electric Breast Pump Log. See Attachment R for Manual Breast Pump Log.

F. When breastfeeding ceases, have the mother complete the WIC Breast Pump Survey. See Attachment P.

Policy Number: 7-4
Multi-user Breast Pump Issuance
Effective/Revised Date: October 1, 2006

Title: Multi-user Breast Pump Issuance

Purpose

To ensure initiation or continued breastfeeding when the mother and infant are separated for a short term period but longer than 24 hours. The loaning of MUEBP's can be an effective tool in enabling breastfeeding mothers to establish a milk supply in special medical circumstances. WIC state agencies are authorized to use food funds and administrative funds to purchase breastfeeding aids that directly support the initiation and continuation of breastfeeding.

Authority

USDA FNS Policy Memorandum 99-WIC-73

Public Law 101-147

7CFR 246

MPSF-1: WC-95-37-P, "Providing Breast Pumps to WIC Participants"

Policy

Montana WIC local agency (LA) programs may loan multi-user electric breast pumps (MUEBP) to breastfeeding WIC participants when needed to establish a milk supply. Collection kits compatible with the multi-user electric breast pumps will be issued to appropriate participants.

Procedures

I. Local Agency Breast Pump Program Coordinator

A. Each LA issuing MUEBP's must designate a Local Agency Breast Pump Program Coordinator (BPPC) who is responsible for overseeing the LA's breast pump program. This person would generally be the LA Breastfeeding Coordinator. MUEBP issuance duties for the BPPC include:

1. Maintaining a record of MUEBP issuance and inventory;
2. Ensuring all staff issuing and receiving pumps document pump and kit information on the appropriate log; (Separate logs shall be kept for multi-user electric breast pumps/collection kits, single-user electric breast pumps and manual breast pumps.)
3. Completing a quarterly breast pump inventory report and submitting it to the State Breastfeeding Coordinator (SBC);
4. Ordering MUEBP and collection kits along with the quarterly inventory reports; and
5. Reporting broken, lost or stolen MUEBP to the SBC.

II. The BPPC will be responsible for training all LA staff who are loaning/receiving MUEBP's

A. Each staff person must successfully complete the following training prior to pump issuance:

1. MUEBP assembly;
2. Use and cleaning of the breast pump and collection kit; and
3. Expression and storage of human milk.

B. A record of staff completing breast pump training will be maintained, keeping one copy at the local agency and submitting a duplicate copy to the SBC when new staff is trained or additional training occurs.

III. Participant Eligibility

A. Eligibility for loaning of a MUEBP shall be determined by a CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator. The reason for the breast pump loan shall be documented in the participant record.

B. MUEBP's are available for loan to a breastfeeding participant who needs to establish or maintain a milk supply in the following circumstances:

1. for a mother who must be separated from her newborn due to infant or mother hospitalization or custody issues;
2. for a mother who is sick and unable to breastfeed or prescribed a contraindicated medication for a short-term period;
3. for a mother of a newborn who may temporarily not directly breastfeed for medical reasons;
4. for a mother of an infant with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast;
5. for a mother of an infant with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;
6. for a mother of multiple newborns;
7. for a mother who wants to relactate; and
8. for an adoptive mother who wishes to lactate.

IV. Pump Issuance

A. MUEBP's may be loaned to eligible breastfeeding participants under the following conditions:

1. Breast pumps are loaned at no charge to the WIC participant.
2. The WIC "Procedure for Multi-User Electric Breast Pump Issuance" is followed.
3. WIC staff conducting breast pump training and distributing pumps shall have previously completed required training on breast pump issuance procedures and use of pumps.

B. Procedure for Multi-User Electric Breast Pump Issuance

1. Determine if the mother needs a collection kit. If the mother did not receive a collection kit in the hospital or received one which is not designed to work with the LA's MUEBP, a collection kit shall be issued.
2. Discuss pumping techniques: when to pump, how often to pump, how long to pump, and how to stimulate let-down.
3. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump and collection kit.
4. Have the participant demonstrate assembly of the pump and collection kit and repeat back how to use and clean them.
5. Provide written instructions on safe handling of expressed breast milk.
6. Discuss the participant's responsibilities in the event the MUEBP were to be malfunctioning, broken, lost or stolen.
7. Have the participant read and sign the "Montana WIC Program Multi-User Electric Breast Pump Loan/Release Form". Place the original in the participant file and give the participant a copy. See Attachment S.
8. Provide a phone number to call for help or support. Provide encouragement.
9. Follow-up with the participant within the first 24-72 hours following issuance. Document all contacts with the participant.
10. Schedule a follow-up visit in one month to discuss/access how the participant is doing with the MUEBP. Participants shall be provided single-month food benefits and scheduled for monthly visits while leasing a MUEBP. Under extenuating circumstances, participants may be issued double-month food benefits after obtaining approval from the SBC.
11. Chart the reason for pump issuance and education provided in the participant record.
12. Complete the "Multi-User Electric Breast Pump Log". See Attachment T.

V. Return of Breast Pumps

A. MUEBP's shall be returned to the LA when the mother/infant separation ends, when the baby is latching on to the breast or when milk supply is established.

B. A single user electric breast pump may be issued to a participant returning a multi-user breast MUEBP. (Refer to Policy 7-3, Manual and Single User Electric Breast Pumps). Under no circumstances may a participant be issued both a single-user and multi-user electric breast pump at the same time.

C. Return of the MUEBP shall be documented on the "Montana WIC Program Multi-User Electric Breast Pump Loan/Release Form" (Attachment S) and on the "Multi-User Electric Breast Pump Log" (Attachment T). Staff shall check the pump case for any damage, plug the pump in to ensure it is in good working order, and clean the pump motor casing with a mild bleach solution (1 part bleach to 10 parts water).

D. If breastfeeding has ceased, have the mother complete the “WIC Breast Pump Survey” found at the end of Policy 7-3, Manual and Single-User Electric Breast Pumps.

VI. Broken and Missing Pumps

A. Participants are to report broken, lost or stolen breast pumps immediately to the LA. The BPPC must contact the SA immediately if a pump is broken. The SBC will determine steps to take for the repair.

B. The BPPC will make all reasonable efforts to ensure the return of multi-user electric breast pumps to the LA in a timely manner. If a MUEBP originally loaned to a WIC participant is determined to be irretrievable contact the SBC immediately upon discovery of the loss.

C. If it is determined that the breast pump was stolen, notify the local police and obtain a copy of the police report. Forward a copy of the report to the SBC along with a letter explaining the circumstances.

Policy Number 7-5
Breast Funding Peer Counseling
Effective August 15, 2006

Title: Breast Peer Counselor Project Funding

Purpose

Including breastfeeding peer counselor projects as part of the breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants. Peer-to-peer breastfeeding counseling has been shown to be an effective method of promoting and supporting breastfeeding. The CDC Guide to Breastfeeding Interventions cites Fairbanks, O'Meara, Renfrew, Woolridge, Snowden and Lister-Sharp, "A Systematic Review to Evaluate the Effectiveness of Interventions to Promote the Initiation of Breastfeeding" Health Technology Assessment 2000; 4(25):1-171, as finding such breastfeeding peer counselor programs effective in the initiation and duration of breastfeeding.

Authority

Child Nutrition and WIC Reauthorization Act of 2004 provided funds for State agencies to implement or expand peer counseling programs according to the FNS model.

Policy

The Montana WIC Program will select site(s) for Breastfeeding Peer Counselor Projects which receive identified Breastfeeding Peer Counselor funds. Other local WIC programs may fund breastfeeding peer counselor projects from their regular WIC administrative funds or other grant funds. All breastfeeding peer counselor projects regardless of the funding source must comply with the Montana Breastfeeding Peer Counselor Plan, policies and the FNS model.

Current targeted local WIC programs are smaller programs with rural populations and fewer resources in the community to support breastfeeding and/or located on an identified reservation.

Procedures

I. Staffing

A. WIC State Breastfeeding Coordinator (SBC) will have oversight for the operation of all of the Breastfeeding Peer Counselor Projects. The SBC will coordinate state level activities including project selection, contracts, funding, monitoring and evaluation.

B. Breastfeeding Peer Counseling Coordinators (PCC) at the local agency level will be a local level staff member or contractor who coordinate breastfeeding promotion and support activities and has at least 1 year of experience in counseling women about how to breastfeed successfully. The PCC will participate in State-approved training in lactation management and at a minimum hold additional certification in lactation management, such as the IBCLC, CLC, or other certification in lactation management. This training may be obtained under the initial grant.

C. A Peer Counselor will be a paraprofessional who is recruited from the target population and is available to consult with WIC participants outside clinic hours and outside the WIC clinic environment. Ideally, a WIC Peer Counselor would also meet the following criteria: enthusiasm for breastfeeding, basic communication skills, previous breastfeeding experience (6 months), similarities with WIC participants served, current or previous WIC participant, similar ethnic background, similar age, and same language spoken. (Job description example attached.) There are two levels of peer counselors. Local PCC may assign a peer counselor as a senior peer counselor at increase wage and responsibilities, if needed.

D. Job parameters and job descriptions for peer counselors:

1. Peer counselors will make telephone contacts from home and/or from the WIC clinic.
2. Peer counselors will conduct home and hospital visits (must be specified in the job description) to participants.
3. Contacts initiated to new mothers will be:
   a. every 2-3 days in the first critical 7-10 days postpartum; daily if the mother reports problems with breastfeeding
   b. within 24 hours if mother reports problems with breastfeeding
   c. weekly throughout the rest of the first month of the infant's life
4. Appropriate referrals for unsolved problems will be made.
5. Peer counselors may conduct breastfeeding classes.

E. Peer counselors will be paid a per hour rate reflective of wages in the area for the qualifications.

1. Peer counselors will be provided a travel allowance to make home/hospital visits, if a part of the job description.
2. Training expenses will be covered for the Peer Counselor.
3. Peer counselors will be reimbursed for telephone and other expenses.
4. If possible, other benefits will be provided, per county policy.

II. Training for Funded Breastfeeding Peer Counselor Project

A. SBC will work with the PCC during the initial contract to address training needs and materials available. "Using Loving Support to Manage Peer Counseling" training curriculum will be used.

B. The PCC will train peer counselors utilizing the "Loving Support Through Peer Counseling".

C. PCC's and peer counselors will be required to maintain continuing education credits as per Policy 4-7 WIC Continuing Education Program. They will be encouraged to obtain their continuing education credits through coursework pertinent to breastfeeding promotion and support.

D. WIC clinic staff will be trained in basic breastfeeding support and receive the training "Loving Support through Peer Counseling."

E. Statewide training may be offered periodically to increase breastfeeding background in all clinics and increase the number of CLCs to work with breastfeeding and peer counseling.

F. Other opportunities such as observational learning, independent study or conferences/workshops may be offered.

III. Standardized breastfeeding peer counseling program policies and procedures at the State and local level will be part of the nutrition education program. Policies developed at the local level must be approved by the State Agency prior to implementation.

IV. Supervision and Monitoring of Peer Counselors at a Minimum

A. Weekly phone contacts will be made by the PCC to the peer counselor(s) to conduct a regular review of contact logs.

B. Monthly meetings will be held between the PCC and peer counselor(s) to review problems, issues, and monitor status of the program.

V. Establishment of Community Partnerships to Enhance the Effectiveness of a WIC Breastfeeding Peer Counseling Program

A. All possible partnerships within the county of the local agency and within the State will be considered, such as: breastfeeding coalitions, businesses, community organizations, cooperative extension program, international board certified lactation consultants, La Leche League, home visiting programs, private clinics and hospitals.

B. Each breastfeeding peer counselor project will have at least one active representative with the Statewide Breastfeeding Coalition.

VI. Peer Counselors will be Provided

A. Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of the peer counselor's scope of practice.

B. Regular, systematic contact with their supervisor.

C. Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team.

D. Opportunities to meet regularly with other peer counselors.

VII. Training and Education of Peer Counselors

A. All peer counselors will receive standardized training using "Loving Support through Peer Counseling" training curriculum.

B. Peer counselors will receive ongoing training at regularly scheduled meetings.

VIII. Breastfeeding peer counselor projects supported with targeted grant funds must submit a brief descriptive proposal and budget request each fiscal year.

A. A separate contract or task order will be required.

B. Separate reporting, including an expenditure report for reimbursement, will be made monthly.

C. Hire and train breastfeeding peer counselors.

D. Record retention as per WIC requirements.

E. Periodic visits by the SBC will be made to project sites.

Example County WIC Program

EXAMPLE LOCAL AGENCY WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR/COORDINATOR

The supervisor of WIC breastfeeding peer counselors manages the breastfeeding peer counseling program at the Local agency level.

I. Qualifications

A. Has demonstrated experience in program management.

B. Has demonstrated expertise in breastfeeding management and promotion.

C. Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other certification in lactation management (e.g., CLE, CLC) or State-approved training in lactation management.

D. Has a minimum of one year experience counseling breastfeeding women.

II. Training

A. Receives State-approved training in breastfeeding management.

B. Participates in continuing education about breastfeeding annually.

C. Receives "Using *Loving Support* to Manage Peer Counseling Programs" training.

III. Supervision

The peer counselor supervisor is supervised by the Local WIC Program Coordinator/Director.

IV. Duties

A. The WIC Peer Counselor Supervisor manages the WIC peer counseling program on a local agency level, including:

1. Assists in establishing program goals and objectives.
2. Assists in establishing peer counseling program protocols and policies.
3. Determines peer counselor staffing needs.
4. Recruits and interviews potential peer counselors in alignment with program policies and standards.
5. Arranges for training of peer counselors.
6. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
7. Provides ongoing supervision.
8. Holds monthly meetings with peer counselors.
9. Collects documentation records and data as appropriate.
10. Monitors the program, including conducting spot checks.

11. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
12. Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.

Example County WIC Program

JOB DESCRIPTION

Example WIC Senior Breastfeeding Peer Counselor

I. General Description

A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and more advanced breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers, and assists new peer counselors in their job.

II. Qualifications

A. Has breastfed at least one baby (does not have to be currently breastfeeding).

B. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.

C. Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.

D. Can work about 10-20 hours a week.

E. Has a telephone, and is willing to make phone calls from home.

F. Has reliable transportation.

III. Training

A. Participates in all training programs of peer counselors, including attending formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.

B. Attends additional training conferences or workshops on breastfeeding as appropriate.

C. Reads additional books and materials about breastfeeding as appropriate.

IV. Supervision

The senior peer counselor is supervised by the Local Agency Peer Counseling Coordinator.

V. Duties

A. The WIC Senior Breastfeeding Peer Counselor:

1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.

4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.
6. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
7. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
8. Respects each client by keeping her information strictly confidential.
9. Keeps accurate records of all contacts made with WIC clients.
10. Refers mothers, according to clinic-established protocols, to the:
    a. WIC nutritionist or breastfeeding coordinator.
    b. Lactation consultant.
    c. The mother's physician or nurse.
    d. Public health programs in the community.
    e. Social service agencies.
11. Teaches breastfeeding portion of prenatal classes and leads breastfeeding support groups.
12. Mentors new peer counselors through ongoing guidance, accepting referrals of mothers who need follow-up care, and reporting program information to supervisors.
13. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.
14. Reads assigned books and materials on breastfeeding provided by the supervisor.
15. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Senior Breastfeeding Peer Counselor Date

Example County WIC Program

Job Description

Example WIC Breastfeeding Peer Counselor

I. General Description

A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

II. Qualifications

A. Has breastfed at least one baby (does not have to be currently breastfeeding).

B. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.

C. Can work about XX hours a week.

D. Has a telephone, and is willing to make phone calls from home.

E. Has reliable transportation.

III. Training

A. Attends a series of breastfeeding classes (nursing babies are welcomed).

B. Observes other peer counselors or lactation consultants helping mothers breastfeed.

C. Reads assigned books or materials about breastfeeding.

IV. Supervision

The peer counselor is supervised by the Local Agency Peer Counseling Coordinator.

V. Specific Duties

A. The WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
6. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.

7. Respects each client by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC clients.
9. Refers mothers, according to clinic-established protocols, to the:
    a. WIC nutritionist or breastfeeding coordinator.
    b. Lactation consultant.
    c. The mother's physician or nurse.
    d. Public health programs in the community.
    e. Social service agencies.
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops
12. as appropriate.
13. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
14. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Breastfeeding Peer Counselor Date

Example County WIC Program

Employment Application

(Or may complete a standard application for the employer.)

WIC BREASTFEEDING PEER COUNSELOR

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur. Qualifications:

1. Have breastfed at least one baby (do not have to be currently breastfeeding).
2. Are enthusiastic about breastfeeding, and want to help other mothers enjoy a positive experience.
3. Can work about 10 hours a week.
4. Have a telephone, and are willing to make phone calls from home.
5. Have reliable transportation.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( )_____ Cell Phone: ( )_____

E-mail address (if applicable):_____

What languages do you speak? _____

Have you, or are you currently receiving WIC services? _____Yes _____ No

If yes, where did you receive services? _____

Social security number:_____

Circle highest grade you have completed:

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 Other

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Counselor for the WIC Program?

Tell why you think you will be a good peer counselor. Include any job experience or volunteer work you have done that will help you as a peer counselor.

Check off all of the following that you are able to do:

_____Attend the training program (four weekly classes of four hours each; can bring your nursing baby with you).

_____ Talk to pregnant and breastfeeding moms from your telephone at home.

_____Talk to WIC mothers in the clinic.

_____Make home visits with new mothers.

_____Visit new mothers in the hospital.

_____Help with a breastfeeding class or a support group.

Do you have reliable transportation? _____ Yes _____ No

Do you have childcare available for older children? _____Yes _____No

Reference: Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, or breastfeeding counselor who knows about your breastfeeding experience.

Name: _____

Address: _____

Phone Number: ( ) _____

Your Signature:_____ Date: _____

Example County WIC Program

I. INTERVIEW GUIDE EXAMPLE

A. WIC Breastfeeding Peer Counselor

Allow applicants a few minutes to read over the WIC Breastfeeding Peer Counselor Job Description, and give a brief overview of the job responsibilities she can expect.

B. Tell me more about your comments on your application regarding (Refer to application comments you want to know more about.)

C. Describe any experiences you have had talking to other mothers about breastfeeding.

D. What would you say to a pregnant woman who was undecided about whether or not she wants to breastfeed?

II. Personal Breastfeeding Experience(s)

A. Tell me about your own breastfeeding experience(s). What did you enjoy most?

B. What part of breastfeeding was most challenging for you? How did you deal with those challenges?

III. Employment as a Peer Counselor

A. What are you looking forward to most about being a peer counselor?

B. As a breastfeeding peer counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:

   Probe: Talking with someone you do not know?

   1. Talking with women who might have different cultural, ethnic or educational backgrounds from yours?

   2. Keeping information confidential?

C. How does/did your family feel about your breastfeeding?

   Probe: What things did your partner say about it?

   1. What did other family members say?

D. What days/times can you come to classes to learn how to be a peer counselor?

E. Please clarify any challenges reported on your application that might make it hard for you to attend training classes or do the job.

F. Are there other challenges that might make it difficult for you to be a peer counselor? (for example: Have you thought about how you might be able to work at home?)

G. What questions do you have about the job?

Example County WIC Program

Peer Counselor Client Contact Log

Mother's Name: _____

Mother's ID Number: _____

Address: _____

City: _____State: _____Zip: _____

Breastfed ever? _____

Due date:_____/_____/_____

Baby's name:_____

Baby's date of birth: _____/_____/_____

Baby's birth wt.: _____

Discharge wt.: _____

Two week wt.: _____

Type of contact:

□ phone □ mail □ other

□ home visit □ clinic visit

□ group class □ hospital visit

Prenatal Contacts

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									

Mother's name: _____

Type of contact:_____

1=phone 4=mail 7=other

2=home visit 5=clinic visit

3=group class 6=hospital visit

Postpartum Contacts	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Date									
Type of Contact									
Content (check areas discussed)									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique (position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
Family Planning									
Growth Spurt									
Milk Supply Issues									
Medical situation/medication use									
Nursing schedule									
Premature infant									
Pumping/hand expression									
Referral to Lactation Consultant									
Relactation									
Return to work or school									
Sore nipples									
Teething									
Twins									
Weaning									
WIC referral									

Mother's Name: _____

Date	Narrative Documentation of Contacts

BF = breastfeeding
BoF = bottle feeding
B = baby delivery
M = mother
PC = peer counselor
LC = lactation consultant
C/S = cesarean section
FN = flat nipple
IN = inverted nipple
L/O = latch on
PO = position
REF = referral, referred, referring
SN = sore nipple
MER = milk ejection reflex
NSVD =normal single vaginal
N = prenatal
PPM = postpartum
EBM = expressed breast milk

Peer Counselor Name:_____

Date Client Exited from the Program:_____

CONFIDENTIALITY STATEMENT

Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss client information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a client. This includes ensuring that client records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement. I understand the confidential nature of all client information and records. I understand that it is my job to share client information only with staff involved in the case. I understand that I am prohibited by law to disclose any confidential information to any individuals other than authorized WIC Program employees and agencies, which have written permission from the participant to share such information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

Name (please print)_____

Signature_____Date_____

Witness_____Date_____

Referral to Breastfeeding Peer Counselor

Name of Client: _____

Address: _____

_____

_____

Phone: ( )_____

Age:_____

Due Date or Baby's DOB: _____

Client is interested in receiving breastfeeding information._____

Client is currently breastfeeding._____

Client needs follow-up help with breastfeeding. _____

Explain: _____

Other: _____

Referred by: _____ Date: _____

Title: Guideline 7-A

Nutritional Needs and Breastfeeding

7-A Nutritional Needs and Breastfeeding

Although lactation increases a woman's requirements for nearly all nutrients, these increased needs can generally be provided by a well balanced diet. The Montana Food Guide Pyramid for Breastfeeding Women may be used to identify recommended eating practices. An adequate diet promotes an optimum breast milk production and helps a mother maintain her maternal nutrient source.

A breastfeeding mother should be concerned about everything she takes into her body as well as the effects of medications caffeine, artificial sweeteners, smoking, alcohol and recreational/street drugs.

I. Dietary Requirements

A. Postpartum:

The diet quality remains very important during the postpartum period, whether or not a woman chooses to breastfeed. The postpartum woman must replenish nutrient stores used during pregnancy and delivery. Physiologically, she now must also be nourished to meet the demands of a newborn child.

B. Breastfeeding Mother:

1. For the infant's optimal growth and development, a breastfeeding mother’s diet should contain the essential nutrients needed by both the mother and the infant. An adequate diet promotes optimal breast milk production and helps maintain the mother’s maternal nutrient stores.
2. Although lactation increases a woman's needs for nearly all nutrients, those increased needs can be met with a well balanced diet. Encourage breastfeeding women to follow the Montana Food Guide Pyramid for Breastfeeding Women.

II. Mother’s Diet Affects Breast Milk

A. Current research shows that women can produce adequate breast milk on inadequate diets and are able to produce sufficient quantities of milk to support the growth and promote the health of the infant. However, the mother's health may be at risk due to depletion of nutrient stores, which may have an impact on the success of her next pregnancy and long term consequences, such as decreased bone mineralization.

B. The mother's diet has little or no effect on the amount of protein, carbohydrate, calcium, phosphorus, magnesium, electrolytes, iron, copper, and zinc in her breast milk. The mother’s diet has some effect on fat, fat soluble vitamins, water soluble vitamins, folic acid, and fluoride in her breast milk and a STRONG EFFECT on the amounts of selenium, iodine, and vitamin D.

C. The Committee on Nutrition During Lactation recommends that women consume at least 1800 calories per day in order to achieve a satisfactory intake of nutrients. Not all women will lose weight during breastfeeding. Some studies suggest that approximately 20 percent may maintain or gain weight.

III. Nutrition Screening of the Breastfeeding Woman

A. Nutrition Risk screening for the breastfeeding woman is done so the CPA can evaluate nutritional status based on screening criteria, identify breastfeeding women at nutritional risk, set goals for development of the nutrition care plan with appropriate follow up, and to make appropriate referrals.

B. Potential risk factors (*for a complete list of WIC nutrition risk codes, refer to the Policy 5-12, Certification Criteria and Priority Assignment)*.

1. Low Hematocrit or Hemoglobin

a. Recommend using up remaining prenatal supplements with iron. If participants have trouble remembering to take them, suggest they put a note on their bathroom mirror or refrigerator door as a reminder.

b. Review iron rich foods. Encourage use of these and emphasize those available through WIC.

c. Discuss the association with high vitamin C foods and the absorption of non heme iron. (Vitamin C increases the absorption of non heme iron, the iron mainly from plant sources.)

d. Review factors that inhibit iron absorption.

e. Have participant state one thing she will do to increase her iron intake.

f. Recheck the hemoglobin/hematocrit at the next appointment (1 2 months).

g. A participant who does not respond to such intervention or who has a very low level should be referred to her health care provider.

2. Low Weight for Height

a. Evaluate participant's diet using the Montana Food Guide Pyramid for Breastfeeding Women. Reinforce groups in which she is meeting the minimum recommended number of servings. Provide suggestions for increased intake of groups in which her intake is low.

b. Show participant how to evaluate her diet in comparison with the Montana Food Guide Pyramid for Breastfeeding Women so she can do this at home.

c. With reported use of diet pills, laxatives, or diuretics refer to her health care provider. Review benefits of regular exercise for weight control. Remind participant to check with her health care provider before beginning an exercise program.

d. Determine if low food intake is due to financial or transportation difficulties. Refer to public assistance, the local food bank, and other food assistance agencies in the community. If available, refer her to the Expanded Food and Nutrition Education Program (EFNEP). Discuss wise menu planning and food

purchasing techniques. Have participant state one of these practices she will implement.

e. Have participant state one thing that she will do to increase servings in one low group or if her intake in all groups is adequate, what she will do to increase number of servings eaten. If participant also has a low hemoglobin or hematocrit, include information from that section.

3. High Weight for Height

a. Review the benefits of gradual weight loss especially during the first months after birth.

b. Evaluate participant's diet using the Montana Food Guide Pyramid for Breastfeeding Women. Reinforce groups in which she is meeting the recommended number of servings. Provide suggestions for increased intake of groups in which her intake is low. Discuss lower fat, lower calorie food choices. It is important to stress that moderate to severe calorie restriction can decrease milk production and stamina at a time when they need more energy!!

c. Review benefits of regular exercise for weight control. Remind participant to check with her health care provider before beginning an exercise program.

d. If signs of extreme stress or depression are indicated, refer to mental health services.

e. With reported use of diet pills, laxatives or diuretics, refer to her health care provider

4. Multiple Infants

5. Obstetrical conditions that put her at risk such as short interconceptual period

6. Inadequate diet

7. Pregnant at 17 years or younger

C. Other signs of potential nutrition problems to watch for are cultural or religious dietary restrictions, lack of transportation, poor appetite, inadequate cooking or refrigeration facilities, irregular meal patterns, and/or overly anxious new mothers.

IV. Drugs, Caffeine, Smoking & Alcohol

A. Breastfeeding mothers should be concerned about everything taken into her body. The primary consideration is the advantage of the medication versus the potential effects on the baby. Some substances do not pass through breast milk. With others, the amount that passes through depends on the timing of ingestion in conjunction with nursing.

B. The WIC Program may serve as a primary contact for breastfeeding information in many communities.

C. Medications

1. Resources for WIC staff on medications and breastfeeding include Medications and Mother's Milk by Hale and Chapter III on "Specific Drugs and Their Effects"

of the publication Providing Drug Abuse Information and Referrals in the WIC Program: A Local Agency Resource Manual.

2. Street drug use is often associated with inadequate nutrient intake and absorption, poor health, smoking and alcohol abuse. Addictive drugs taken by a breastfeeding mother can be passed to the infant through the mother's milk. Since these drugs are not essential to the well being of the mother, and their effects on the infant are often unknown, their use is strongly discouraged.
3. Be aware of current fads in street drug use. Growing in popularity is the drug methamphetamine, a synthetic amphetamine or stimulant. A mother who is currently breastfeeding, and using methamphetamine, or any other drug contraindicated for breastfeeding, should not breastfeed her infant while the drug(s) are in her system. If a mother is suspect of drug use, WIC will not deny her breastfeeding education, and will emphasize the concerns about drugs and breast milk, as with all breastfeeding participants. Treat the situation with education. Once education on breastfeeding is complete and if a mother will admit that she cannot be clean long enough to breastfeed, then the CPA should recommend a formula for her.
4. With suspected cases of substance abuse, referral to an appropriate treatment source is required, such as other health care providers, public health nurses, drug and alcohol rehabilitation programs and/or other community programs, which may be helpful.
5. National Help and Hotlines:
    a. Drug & Alcohol Treatment Referral National Hotline: 1-80 -662-4357
    b. Treatment facility referrals and help line: 1-800-HELP-1111
    c. PRIDE (Parent's Resource Institute for Drug education): (707)-458-9900
    d. Narcotics Anonymous, World Service Line: (818)-773-9999
    e. National Alcoholics Anonymous: 212-870-3400

D. Caffeine

1. Breastfeeding mothers should be cautioned on the use of caffeine. Caffeine will pass through to the breast milk and can affect the infant.
2. Moderate intake of caffeine by the mother (equal to the caffeine in two cups of coffee) has not been noted to cause adverse effects; however, excess use of caffeine has been noted to result in an irritable baby with a poor sleep pattern.

E. Smoking

1. It is important to warn breastfeeding mothers that nicotine and other substances from cigarettes pass through breast milk to the infant and has the potential for producing serious, adverse effects in infants.
2. Women who smoke a pack or more a day may have a decreased milk supply.
3. Evidence is accumulating about the harmful effects of second hand smoke and can make an infant especially vulnerable to colds, pneumonia and bronchitis if anyone in the household smokes.

4. Provide encouragement to avoid or reduce smoking during breastfeeding. If she or another member in the household smokes, recommend smoking outside of the house.
5. Provide the Montana Tobacco Quit Line, 866-485-QUIT (7848) when appropriate.

F. Alcohol

1. Negative aspects of alcohol consumption during breastfeeding should be related to breastfeeding mothers.
2. Alcohol passes easily into breast milk.
3. Discourage alcohol consumption by the breastfeeding mother until after the child has been weaned.

V. Breastfeeding and Family Planning

A. Breastfeeding participants should be aware that while breastfeeding in itself is a contraceptive, it can be unreliable.

B. The use of breastfeeding as a contraceptive is only reliable if:

1. The woman fully breastfeeds on demand with day and night feedings;
2. The infant receives no supplemental foods or liquids;
3. The infant is under six months of age; and
4. The mother's menses has not returned.

C. Caution women to use another form of contraception for most circumstances. If a woman discontinues breastfeeding or begins weaning from the breast, refer her to her family planning provider for a more reliable method of birth control.

D. Different methods of contraception can have an impact on breast milk production. Provide the mother with information about the effects her choice of contraception may have on breastfeeding.

Guideline: 7-B

CDC Pediatric Nutrition Surveillance System (PedNSS) 2003 Report-Breastfeeding Targets

I. Informational Data

A. According to the U.S. government's Healthy People 2010 report, 64 percent of all mothers breastfed their babies in early postpartum in 1998. The U.S. Centers for Disease Control and Prevention (CDC) reported breastfeeding at 72.8% in 1998, but uses different survey methods/groups.

B. Healthy People 2010 is a national prevention initiative to improve the health of all Americans that builds on initiatives pursued over the last two decades. One of the goals is that breastfeeding initiation rates increase to 75% by the year 2010 and to 50% at 6 months duration.

C. At the close of 2003, CDC data shows Montana at 74.7% for initiation rates for breastfeeding and at 30.8% for 5 6 month's duration. It appears Montana has successfully met the initiation rate goal but falls behind on duration rates.

D. THE CDC PedNNS 2003 report for the state of Montana is the newest information available to WIC since 1998. This data in Montana is obtained solely from WIC reporting on participant information (participants under the age of 5 years). A total of 21,800 records were included in this report to give the following information:

1. comparison of racial and ethnic distribution,
2. comparison of age distribution,
3. comparison of growth and anemia indicators,
4. prevalence and trends of low birth weight,
5. prevalence and trends of short stature, underweight, overweight, and risk of overweight,
6. prevalence and trends of anemia,
7. percentage and trends of infants ever breastfed, of infants breastfed at least 6 months, and of infants breastfed at least one year.

II. CDC has provided a comparison of Montana to the nation, a comparison by county, by clinic and by region. However, for many counties and clinics, there is no data as percentages were not calculated if less than 100 records were available for analysis after exclusion of records with errors. The following table shows for those counties, which included 100 or more records for review. Keep in mind that the more records available, the more reliable the data.

BREASTFEEDING RATES BY COUNTY

(0 = no data if less than 100 records, error free, submitted)

County	records submitted	ever breastfed	records submitted	breastfed 6 months	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16%
Cascade	417	69.3%	365	33.2%	218	14%
Crow Res.	132	49.2%	0	0	101	22.8%
Flathead	333	86.8%	294	39.1%	197	39.6%
Fort Peck	116	49.2%	100	26.0%	0	0
Gallatin	187	85.0%	168	41.1%	128	28.9%
Lake	117	84.6%	0	0	0	0
Lewis & Clark	192	76.0%	120	28.3%	111	17.1%
Missoula	382	84.8%	279	43.7%	253	27.7%
Ravalli	147	87.1%	105	48.6%	0	0
Silver Bow	150	70.0%	138	20.3%	0	0
Yellowstone	515	70.9%	385	22.1%	232	15.1%
Montana	3941	74.7%	3037	30.8%	2455	20.7%
Nation	969228	52.5%	527,765	20.8%	555,990	12.3%

BREASTFEEDING RATES BY CLINIC

(0 = no data if less than 100 records, error free, submitted)

Clinic	records submitted	ever breastfed	records submitted	breastfed at least 6 mo.	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16%
Great Falls	417	69.3%	265	33.2%	218	14.2%
Helena	185	76.2%	119	27.7%	111	17.1%
Kalispell	285	86.7%	248	37.1%	161	41%
Missoula	329	83.6%	234	40.6%	197	22.8%
Polson	117	84.6%	0	0	0	0

BREASTFEEDING RATES BY ETHNICITY

(0 = no data if less than 100 records, error free, submitted)

race - ethnicity	records submitted	ever breastfed	records submitted	breastfed at least 6 mo.	records submitted	breastfed at least 12 mo.
White, not Hispanic	2772	79.1%	2130	34.3%	1650	21.9%
Black, not Hispanic	61	0	40	0	25	0
Hispanic	158	70.9%	111	22.5%	76	0
AI or AN	926	62.0%	730	21.1%	689	17.3%
Asian or Pacific Islander	24	0	26	0	15	0

AI = American Indian

AN = Alaskan Native

BREASTFEEDING TRENDS BY ETHNICITY

(0 = no data if less than 100 records, error free, submitted

year	White, non Hispanic	Black, non Hispanic	AI or AN*	Hispanic	Asian or Pacific Islander	Other
****1995 - ever BF**	72.2%	0	52.5%	66.3%	0	0
2003 – ever BF	79.1%	0	62%	70.9%	0	0
1995 - BF at least 6 mo	35.5%	0	62%	31.0%	0	0
2003 - BF at least 6 mo	34.3%	0	73%	22.5%	0	0

***The year 1995 is used as a comparison to 2003 because while data is available back to 1994, the number of records submitted for that year were lower than for other years.

BREASTFEEDING TRENDS

(0 = no data if less than 100 records, error free, submitted)

year	records submitted	ever breastfed	records submitted	breastfed at least 6 mo.	records submitted	breastfed at least 12 mo.
2003	3941	74.7%	3037	30.8%	2455	20.7%
1998	4783	72.8%	3750	33.2%	3163	20.4%
1997	5112	72.2%	4080	32.1%	3425	17.8%
1996	5169	70.3%	4093	30.2%	3561	17.7%
1995	5000	68.2%	3833	32.6%	3354	16.4%
1994	2241	70.0%	1745	27.6%	1685	16.0%

Reference and Resources: 7-C
References and Resources
Effective/Revised Date: October 1, 2005

References and Resources

I. Books

A. Breastfeeding A Guide for the Medical Profession, Ruth Lawrence, 5th Edition, 1999.

B. Breastfeeding A-Z: Terminology and Telephone Triage, Karin Cadwell and Cindy Turner-Maffli, 2006 (select local programs).

C. Breastfeeding and Human Laclation, Jan Riordan, 3rd Edition 2005.

D. Breastfeeding Answer Book, Nancy Mohrbacher and Julie Stock, revised edition, 2003 (pocket version provided to select satellite locations).

E. Breastfeeding Handbook for Physicians, American Academy of Pediatrics, Richard J. Scanler, Sr., Editor, 2006.

F. Child of Mine, by Ellyn Satter, 3rd edition, 1991.

G. Clinical Lactation: A Visual Guide, Kathleen G. Auerbach and Jan Riordan, 2000.

H. Counseling the Nursing Mother, A Lactation Consultant's Guide, 3rd edition, Judith Lauwers and Debbie Shinskie, 2005.

I. Feeding Infants-A Guide for Use in the child nutrition Programs, USDA Food and Nutrition Services, FNS-258, 2001. (Available for download at the FNS.USDA@gov website)

J. Maternal and Infant Assessment for Breastfeeding and Human Lactation, Karen Cadwell, Cynthia Turner-Maffei, Anna Cadwell Blair, Lois DW Arnold, and Elyse Blair, 2006.

K. Medication and Mother's Milk, Thomas Hale, 10th edition, 2006.

L. Nutrition in Infancy and Childhood, by Cristine Trahms and Peggy Pipes, 6th edition, 1997.

M. Nutrition in Pregnancy and Lactation, by Bonnie Worthington-Roberts and Sue Rodwell Williams, 6th edition, Mosby, St. Louis Missouri, 1996.

N. The Nursing Mother's Companion, Fourth Edition Kathleen Huggins, Harvard Common Press, Boston MA, 1999.

O. Tyler's Honest Herbal, Steven Foster and Varro E. Tyler, 4th edition, Haworth Press, 1999.

P. Using Loving Support to Implement Best Practices in Peer Counseling – Orientation Binder, MPRO, USDA, 2004.

II. Handouts

A. These are suggested hand-outs available from various reputable sources. Some of these may be available free of charge from the WIC State Office:

B. Montana Food Guide Pyramid for Breastfeeding Women

C. Amy's Baby-Educational Resources by Amy Spangler
    1. Breastfeeding Keep it Simple (Book)
D. La Leche League
    1. Tearsheets
        a. Are Your Nipples Sore
        b. Breastfeeding
        c. Care Plan for Mastitis
        d. Establishing Your Milk Supply
        e. Facts About Breastfeeding
        f. How to Know If Your Breastfed Baby is Getting Enough
        g. If Your Breasts Become Engorged
        h. La Lactancia Materna: Una Relacion Especial
        i. Manual Expression of Breast Milk Marmet Technique
        j. Nipple Shields
        k. Persistent Diarrhea in Babies and Toddles
        l. Preparing to Breastfeed
        m. Storing Human Milk
        n. Tips for Breastfeeding Twins
        o. Tips for Handling the Baby Blues
        p. Tips for Rousing a Sleepy Newborn
        q. Treating Thrust
        r. Working and Breastfeeding
    2. Booklets
        a. Breastfeeding after a Cesarean Birth
        b. Breastfeeding a Baby with Down Syndrome
        c. Breastfeeding & Fertility
        d. Breastfeeding & Sexuality
        e. The Breastfeeding Father
        f. Breastfeeding the Baby with Reflux
        g. Common Breastfeeding Myths
        h. The Diabetic Mother and Breastfeeding
        i. How to Handle a Nursing Strike
        j. Nipple Confusion

k. Nursing a Baby with a Cleft Lip or Palate

l. When Babies Cry

E. LA Publishing

1. Why Should I Nurse My Baby? (book)
2. English
3. Native American
4. Spanish
5. Chinese
6. Vietnamese

F. Noodle Soup

1. Baby First 1 You Are Pregnant: Now Is the Time to Think About How You Want to Feed Your Baby
2. Baby First 2 Getting Started Breastfeeding
3. Baby First 3 How Should I Care For Myself After My Baby Is Born?
4. Baby First 4 Answers for Breastfeeding Problems

III. Video

A. *Hand Expression*, Kittie Franz.

IV. Websites

A. Academy of Breastfeeding Medicine - www.bfmed.org

B. American Academy of Pediatrics (AAP) - www.aap.org

C. American Dietetic Association (ADA) - www.eatright.org

D. Centers for Disease Control (CDC) - www.cdc.gov

E. Food and Nutrition Information Center, USDA - www.nal.usda.gov/fnic/ and www.4woman.gov

F. La Leche League - www.lalecheleague.org

G. Montana Coalition of Healthy Mothers, Healthy Babies - www.hmhb-mt.org

H. World Health Organization - www.who.in